

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



'Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Open to Public

Department of the Treasury

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

inter		ue Service : Information about Form 990 and its instructions is at www.i			inspection
<u>A_</u>		2014 calendar year, or tax year beginning NOV 1 , 2014, and end	ing OC	T 31	, 20 15
В	Check if	applicable C Name of organization UTAH HUMANITIES COUNCIL		D Employ	er identification number
	Address	· · · · · · · · · · · · · · · · · · ·			87-0307076
	Name ch	Number and street (or P.O box if mail is not delivered to street address) Room/	suite	E Telepho	ne number
	Initial ret				801-359-9670
	Final retur	nvterminated. City or town, state or province, country, and ZIP or foreign postal code			
	Amende			G Gross re	eceipts \$
	Applicati	on pending F Name and address of principal officer AMI JO COMEFORD	H(a) Is this a (group return for	subordinates? Yes No
		SAME AS ENTITIY			s included? 🔲 Yes 🔲 No
<u></u>	Tax-exer	npt status:	If "h	lo," attach a	a list (see instructions)
J	Website	: ► WWW.UTAHHUMANITIES.ORG	H(c) Group	exemption	number ►
K	Form of o	organization ☐ Corporation ☐ Trust ☐ Association ☐ Other ☐ L Year of form	nation 1975	M State	of legal domicile UT
P	art I	Summary			
	1	Briefly describe the organization's mission or most significant activities: UTA			
8		EMPOWERING INDIVIDUALS AND GROUPS TO IMPROVE THEIR COMMUNITIES T	HROUGH ACT	IVE ENGA	GEMENT IN THE
lan		HUMANITIES.			
èп	2	Check this box ▶☐ if the organization discontinued its operations or disposed	of more that	1 25% of	its net assets.
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)		. 3	19
જ	4	Number of independent voting members of the governing body (Part VI, line 1)	o)	4	19
ies	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)		. 5	12
Ξ	6	Total number of volunteers (estimate if necessary)		. 6	130
Ac	7a	Total unrelated business revenue from Part VIII, column (C), line 12		. 7a	0.
	ь	Net unrelated business taxable income from Form 990-T, line 34		. 7b	0.
			Prior Y	ear	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)		942,200.	1,147,643.
	9	Program service revenue (Part VIII, line 2g)		0.	0.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		811.	896.
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		943,011.	1,148,539.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		30,250.	45,532.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
en.	ا مد	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		614,180.	586,901.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
per	Ь	Total fundraising expenses (Part-IX, column (D), line 25)			
Щ	17	Other expenses (Part IX, column (A), lines 11a-11d, 114-24e)		374,821.	336,296.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,019,251.	968,729.
	19	Revenue less expenses. Subtract line 18 from line 12		-76,240.	179,810.
<u> </u>	+	A CODE	Beginning of C	urrent Year	End of Year
ets or	20	Total assets (Part X, line 16)		2,008,361.	2,192,939.
Ass	21	Total liabilities (Part X, line 26)		105,382.	111,592.
Net Asset	22	Net assets or fund balances. Subtract line 21 from line 20	-	1,902,979.	2,081,347.
	art II	Signature Błock			
		lities of perjury, I declare that I have examined this return, including accompanying schedules and sta	itements, and to	the best of	my knowledge and belief, it is
tru	ue, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which prepare	rer has any knov	/ledge	,
		White Bucks where		6-1	4-2016
Si	gn	Signature of officer	, D	ate	
	ere	Cynthia Buckingham, Executive Dira	der		
		Type or print name and title			
_		Preparer's signature Preparer's signature	Date	Charat	C .f PTIN
	aid			Check self-em	
	repare		F.r.	m's EIN ▶	· · · · · · · · · · · · · · · · · · ·
U	se On	Firm's address •		one no	
M	av the IF	RS discuss this return with the preparer shown above? (see instructions)			🗌 Yes 🗌 No
_			No 11282Y	· ·	Form 990 (2014)

(Expenses \$

Total program service expenses

Form 99	· · · · · · · · · · · · · · · · · · ·	•••	F	Page 3
Part I	V Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	√	
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	✓	√
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4_	✓	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5_		✓
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		✓
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		✓
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		✓
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			L. Village
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	✓	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	1	
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		✓
d	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		√
f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .	11e 11f		✓
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	✓	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		✓
13 14 a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		√
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		✓
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		✓
20 a		20a	_	✓
<u> </u>	If "Yes" to line 20a, 'did the organization attach a copy of its audited financial statements to this return? .	20b For) (2014)

Part	Checklist of Required Schedules (continued)		¥ 1	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		Yes	No
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	21		✓_
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		✓
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		✓
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		✓_
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		√
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		√
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		✓
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		✓_
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	. =	✓
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):	.,		٠,
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV:	28a 28b		√
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30		√
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			1
33	complete Schedule N, Part II	32		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
20	Part VI	37		✓
38	19? Note. All Form 990 filers are required to complete Schedule O	38	√	
	1.	For	m 990	(2014

Part	V Statements Regarding Other IRS Filings and Tax Compliance		
T EIL	Check if Schedule O contains a response or note to any line in this Part V		П
	1	-	Yes No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0.		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		
	reportable gaming (gambling) winnings to prize winners?	1c	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	į.	J. J.
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 12		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	✓
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	/
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	1
b	If "Yes," enter the name of the foreign country: ▶		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		200 80
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	√
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	60	
b	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	
_	gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	
.	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	+
b C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		
•	required to file Form 8282?	7c	/
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e	
e	Did the organization, during the year, pay premiums, directly or indirectly, no a personal benefit contract?	7f	
f	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	- '
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	1
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	15/17	
	sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		-3:4
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
а	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b		
11	Section 501(c)(12) organizations. Enter:		
а	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources		
	against amounts due or received from them.)	10-	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	تنده عدد
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a	
а	Is the organization licensed to issue qualified health plans in more than one state?	134	الناق المنا
b	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which		
U	the organization is licensed to issue qualified health plans		. \
С	Enter the amount of reserves on hand		1.50
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	1
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	
	(Form	990 (2014)

Part					
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes Check if Schedule O contains a response or note to any line in this Part VI				
Section	on A. Governing Body and Management	· · · · ·	<u>· · · · · </u>	• •	. 🗸
0000	on A. doverning body and management			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	19		
	If there are material differences in voting rights among members of the governing body, or				
	if the governing body delegated broad authority to an executive committee or similar				
	committee, explain in Schedule O.		,		
b	Enter the number of voting members included in line 1a, above, who are independent .		19		
2	Did any officer, director, trustee, or key employee have a family relationship or a business r	elationship with			
	any other officer, director, trustee, or key employee?		2		1
3	Did the organization delegate control over management duties customarily performed by or	under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other		3		<u> </u>
4	Did the organization make any significant changes to its governing documents since the prior Form 99		4	 	√
5 6	Did the organization become aware during the year of a significant diversion of the organization	on's assets?.	5		1
7a	Did the organization have members or stockholders?	· · · · · · · · · · · · · · · · · · ·			-
	one or more members of the governing body?		7a		
b	Are any governance decisions of the organization reserved to (or subject to approval				
·	stockholders, or persons other than the governing body?	• •	7b	1	✓
8	Did the organization contemporaneously document the meetings held or written actions un	dertaken during			
	the year by the following:				
a	The governing body?		8a	✓	
þ	Each committee with authority to act on behalf of the governing body?		8b	✓	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot the organization's mailing address? If "Yes," provide the names and addresses in Schedule C	ot be reached at	9		1
Section	on B. Policies (This Section B requests information about policies not required by the			ode	
000	1:	3 III CITICITICITE	,,, <u>ao</u>	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a	-	1
b	If "Yes," did the organization have written policies and procedures governing the activities of				
	affiliates, and branches to ensure their operations are consistent with the organization's exem		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	e filing the form?	11a	1	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a			12a	√	<u> </u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			✓	<u> </u>
C	Did the organization regularly and consistently monitor and enforce compliance with the passeribe in Schedule O how this was done.	policy? If "Yes,"	12c	/	
13	Did the organization have a written whistleblower policy?		13	1	
14			14	7	ļ ·
15	Did the process for determining compensation of the following persons include a review a		<u> </u>		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	and decision?		ļ	
a	The organization's CEO, Executive Director, or top management official		15a	✓	<u> </u>
b	Other officers or key'employees of the organization		15b		✓
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	la.,			i P
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similarly during the year?		16a		1
b	If "Yes," did the organization follow a written policy or procedure requiring the organization				V
•	participation in joint venture arrangements under applicable federal tax law, and take steps to				1
	organization's exempt status with respect to such arrangements?		16b		
Secti	on C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ▶ UTAH			,,,,,,	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, a	nd 990-T (Secti	on 501	(c)(3)s	only
	available for public inspection. Indicate how you made these available. Check all that apply.	hardeda (C)			
19	✓ Own website □ I Another's website □ Upon request □ Other (explain in Sc Describe in Schedule O whether (and if so, how) the organization made its governing docume		nterect	nolic	v and
13	financial statements available to the public during the tax year.	and, confide of t		Pont	y, and
20	State the name, address, and telephone number of the person who possesses the organization	on's books and	records	s: >	
	CYNTHIA BUCKINGHAM. 202 W 300 N SALT LAKE CITY. UT 84103. 801-359-9670				

;

Dage	•

Form 990 (2014)

Form 990 (2014)

Part VII	Compensation of Officers, Directors,	Trustees, Key Employees, Highest Compensated Employees, a	nd
	Independent Contractors		

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization	on nor any relate	d org	aniz			ompe	nsa	ited any currer I	it officer, director	r, or trustee.
		(C)								
(A)	(B)	(do n	ot ch			than o	one	(D)	(E)	(F)
Name and Title	Average	box,	unles	s pe	rson	ıs both	n an	Reportable	Reportable	Estimated
	hours per week (list any					or/trus		compensation from	compensation from related	amount of other
ř	hours for	or d	Inst	Officer	₹	휢臺	Former	the	organizations	compensation
·	related organizations	re à	럁	ğ	Key employee	log ies	व्	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted	or all tr	onal		항	9 CO		(17 2, 1000 111100)		and related
	line)	Individual trustee or director	Institutional trustee		8	Highest compensated employee				organizations
_ 1		ď	itee			sate	ļ			
+*				<u> </u>	ļ	<u> </u>	▙			
1				i				İ		
(1) DAVID ALLRED	1.5		1	,	ĺ	ĺ	ĺ	-		_
CHAIR-ELECT :				✓		<u> </u>	<u> </u>	0.	0.	0.
(2) ROBERT "ARCHIE" ARCHULETA	1.5						1			
DIRECTOR		✓					╙	0.	0.	0.
(3) NANCY BENTLEY	1.5					İ]	
DIRECTOR		✓	_				ļ	0.	0.	0.
(4) TINA CALAMITY	1.5			ĺ			Į		İ	
DIRECTOR		✓	<u> </u>	L.,				0.	. 0.	0.
(5) AMI JO COMEFORD	3.0		1							
CHAIR				✓	_		_	0.	. 0.	0.
(6) MATT DUGDALE	1.5						1		İ	
DIRECTOR		1		<u> </u>	_		ـــــ	0.	. 0.	0.
(7) IRENE FISHER	1.5		ľ	ĺ		ĺ		Ĭ	Ì	
PAST CHAIR				1	_			0	. 0.	0.
(8) OWEN FULLER	1.5									
DIRECTOR		✓	<u> </u>					0	. 0.	0.
(9) DAVID GEE	1.5]]		1				
DIRECTOR		✓		_	<u>L</u>		<u> </u>	0	. 0.	0.
(10)NAN GROVES ANDERSON	1.5			ĺ	ĺ			ľ		
FISCAL OFFICER				1				0	. 0.	0.
(11)GEORGE HANDLEY	1.5									
DIRECTOR		✓		L				0	. 0.	0.
(12)KATHY HURST	1.5]]					
DIRECTOR		<u> </u>				<u> </u>		0	. 0.	0
(13)BOB KING	1.5									
DIRECTOR		✓						0	. 0.	0
(14)SUMIKO MARTINEZ	1.5									
DIRECTOR		1 ✓						0	. o .	0

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mploy	/ees			lighes	st C	ompensated E	mployees (co	ntınue	ed)		
	(A) Name and title	(B) Average	,	ot ch	Pos eck		than o		(D) Reportable	(E) Reportable		Estin	F) nated	
	; :	hours per week (list any hours for related organizations below dotted line)	Individua or directo	Institutional trustee	a Officer	Key employee	Highest compensated employee	ee) Former	compensation from the organization (W-2/1099-MISC)	compensation fi related organizations (W-2/1099-MIS	,	compe from organi and re	ner nsation	
(15)CL	AUDIA NAKANO	1.5		Н	_			\vdash						
DIREC		4.5	✓	Ш		_			0.		0.			0.
(16)JA	NA RAE SHAW	1.5	1						0.	ļ	0.			0.
	CKIE THOMPSON	1.5	<u> </u>	Н		┢═			3.		-			
DIREC	TOR		1			L			0.		0.			0.
2	TIMA VERA	1.5	1						0.		0.			0.
DIREC	INRY WURTS	1.5	_	-					0.		<u> </u>			
31	L OFFICER				✓				0.		0.	_		0.
(20)														
(21)														
(22)														
(23)														
(24)														
(25)														
1b	Sub-total		٠	<u>. </u>	•				0.		0.			0.
С	Total from continuation sheets to Part			•		-		>	0.		0.			0.
d	Total (add lines 1b and 1c)							<u> </u>	the received m	<u> </u>	0. ∩ ∩∩∩	of		0.
_	reportable compensation from the organ			1036	, IIO	icu	above	S) ¥1	nio received in	ore triair wro	o,000	<u></u>		
3	Did the organization list any former of employee on line 1a? If "Yes," complete							emp	oloyee, or high	nest compen	sated	الأمسد	Yes	No
4	For any individual listed on line 1a, is the organization and related organizations	sum of re	porta	ble	con	npe	nsatio	· on a s,"		oensation fro nedule J for	m the <i>such</i>	3		V
	individual										· .	4		✓
5	Did any person listed on line 1a receive of for services rendered to the organization											5	w	√
Secti	on B. Independent Contractors						,							
1	Complete this table for your five highest compensation from the organization. Re year.	compensat port compe	ted in ensati	depo on fo	end or t	lent he c	contr alend	ract dar	ors that receive year ending wi	ed more than th or within th	\$100 ne org),000 of janizatio	on's ta	x
	(A) Name and business add	iress							(B) Description of s	services		(C) Compens	ation	
								F						
	.,													
	Total number of independent contractor	ors (includi	ng b	ut n	ot	lımı	ted to	L o tl	hose listed ab	ove) who	~ų` (3 .,	1 (海豚)	in the second	• 13 ⁷ -74
	received more than \$100,000 of compen								0	ļ.	5- 3- 6	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	XX 14 6 .	***

Part	VIII	Statement of Revenue				
		Check if Schedule O contains a response or not	e to any line in this (A) Total revenue	Part VIII (B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
10 S	1a	Federated campaigns 1a		revenue	revenue	512-514
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b	⊣			
ع ق	C	Fundraising events 1c	⊣ [
ifts	d	Related organizations 1d	-			
nia G		Government grants (contributions) 1e 891,1	93			
Sir	e f	All other contributions, gifts, grants,	99.	İ		
ig ja	•	and similar amounts not included above 1f 256,4	60			
Q	~	Moneach contributions included in lines 1a-1f \$	90.			
no Pi	g h	• • • • • • • • • • • • • • • • • • • •	1,147,643.			
9		Business Cod				
eun	2a					
Şe.	b					
es	C					
er	d					
ŭ L	e					
Jrai	f	All other program service revenue .				
Program Service Revenue	g		→ 0.			
_	3	Investment income (including dividends, interes				<u>.</u>
		and other similar amounts)		896.		
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties	·			
		(i) Real (ii) Personal				
	6a	Gross rents				
	b	Less: rental expenses	-			
	C	Rental income or (loss)				
	ď		>	· · · · · · · · · · · · · · · · · · ·		
	7a	Gross amount from sales of (i) Securities (ii) Other			-	
		assets other than inventory				
	ь	Less, cost or other basis				
		and sales expenses				
	င	Gain or (loss) .				
	d	· · · · · · · · · · · · · · · · · · ·	>			
an an						
J.	8a	Gross income from fundraising				
Other Rever	Ì	events (not including \$				
æ		of contributions reported on line 1c).		:		
Ę		See Part IV, line 18 a				
₹		Less: direct expenses b				
		rest income or (1000) in our remaining electric	>			
	9a	Gross income from gaming activities.				
	İ	See Part IV, line 19 a				
	b	Less: direct expenses b				
	C	ttot iii gaining act i iii gaining act	<u> </u>			
	10a	Gross sales of inventory, less				
		returns and allowances a				
	b	Less: cost of goods sold b		 		
	_ <u>c</u>	Net income or (loss) from sales of inventory				
	<u> </u>	Miscellaneous Revenue Business Co	91			<u> </u>
	11a					
	Ь	·				
	С	All all all all all all all all all all				
	d	All other revenue	_			
	12	Total revenue (See Instructions	1 149 520	896	0	0

Part IX Statement of Functional Expenses

11

Section	on 501(c)(3) and 501(c)(4) organizations must come Check if Schedule O contains a response			s must complete colu	mn (A).
	of include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	43,032.	43,032.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	2,500.	2,500.	,	
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.	0.		
4	Benefits paid to or for members	0.	0.		
5	Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and		_		_
7	persons described in section 4958(c)(3)(B) Other salaries and wages	0. 419,534.	263,090.	98,524.	0. 57,920.
7 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	419,334.	203,090.	0.	0.
9	Other employee benefits	135,310.	90,488.	26,539.	18,283.
10	Payroll taxes	32,058.	19,349.	7,997.	4,712.
11	Fees for services (non-employees):				
a	Management . ,	0.	0.	0.	0.
b	Legal	0. 19,043.	0. 2,157.	0. 16,886.	0. 0.
c d	Accounting	5,657.	2,137.	5,657.	0.
e	Professional fundraising services. See Part IV, line 17	0.	•		0.
f	Investment management fees	0.	0.	0.	0.
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0.	0.	0.	0.
12	Advertising and promotion	0.	0.	0.	0.
13	Office expenses	34,559.	16,270.	12,716.	5,57 <u>3</u> .
14	Information technology	13,473.	6,535.	6,938.	0.
15	Royalties	0.	0.	0.	0.
16	Occupancy	28,875.	15,880. 24,483.	10,107.	2,888. 286.
17 18	Travel	27,381.	24,483.	2,612.	200.
10	for any federal, state, or local public officials	0.	0.	0.	0.
19	Conferences, conventions, and meetings .	17,312.	12,415.	4,897.	0.
20	Interest	0.	0.	0.	0.
21 22	Payments to affiliates	0. 1,498.	0. 749.	749.	0.
23	Insurance	2,227.	1,224.	780.	223.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column				
_	(A) amount, list line 24e expenses on Schedule O.) DIRECT PROGRAM EXPENSES	150,926.	150,926.	0.	0.
a b	DUES & SUBSCRIPTIONS	13,257.	10,857.	1,824.	576.
C	DOES & SOBSONI HONS	10,2371	.5,007.	.,,	
d					
е	All other expenses /	22,087.	12,729.	4,651.	4,707.
25	Total functional expenses. Add lines 1 through 24e	968,729.	672,684.	200,877.	95,168
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

complete lines 30 through 34.

11

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Paid-in or capital surplus, or land, building, or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds .

30

31

32

33

Form 990 (2014) Page 11 Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) Beginning of year End of year 1 27.088. 1 19,517. 2 Savings and temporary cash investments 1,142,756. 2 1,287,967. 3 3 674,704. 625,395. 4 Accounts receivable, net 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 7 8 8 Inventories for sale or use Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 10b 24,050 10c Less: accumulated depreciation 3,723. 2,224. 11 Investments—publicly traded securities 11 Investments—other securities, See Part IV, line 11 . 207.009 12 207.009. 12 Investments-program-related. See Part IV, line 11. 13 13 14 14 Other assets. See Part IV, line 11 2.390. 15 1,518. 15 2,008,361. 2,192,939. 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 73,001. 84,382. 17 17 Accounts payable and accrued expenses 21,000. 18 18 33,870. 19 0. 19 4,721. 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 Unsecured notes and loans payable to unrelated third parties . . . 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 105,382. 26 111.592. 26 Total liabilities.; Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 1,292,130. 27 1,380,241. Temporarily restricted net assets 28 403,840. 28 494,097. 207.009. 29 207,009. Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and

Form 990 (2014)

2,081,347.

2,192,939.

30

31

32

33

1,902,979.

2,008,361.

; .

: ;

1,

3.

Form 99	90 (2014)			Pa	ige 12
Pari	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u> </u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,148	8,539.
2	Total expenses (must equal Part IX, column (A), line 25)	2		968	B,729.
3	Revenue less expenses. Subtract line 2 from line 1	3	·	179	9,810.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,90	2,979.
5	Net unrealized gains (losses) on investments	5			1,442.
6	Donated services and use of facilities	6			0.
7	Investment expenses	7			0.
8	Prior period adjustments	8			0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		2,08	1,347.
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	<u> </u>		
	†			Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plaın ır	١		i i
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?				✓
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled o	r		, i
	reviewed on a separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b_	✓	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on a	3		
	separate basis, consolidated basis, or both:				
	✓ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
C	If "Yes" to line 2a or 12b, does the organization have a committee that assumes responsibility for o				
	of the audit, review, or compilation of its financial statements and selection of an independent according			<u> </u>	
	If the organization changed either its oversight process or selection process during the tax year, ex	kplaın ir	1		
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set				
	the Single Audit Act and OMB Circular A-133?			1	ļ
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not und		4		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	ludits.	3b	 ✓	<u> </u>
			For	m 990	(2014)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

➤ Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

4947(a)(1) nonexempt charitable trust.

2014

OMB No 1545-0047

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public

Name (ame of the organization					Employer identification number			
	HUMANITIES COUNCIL					87-0307076			
Par							ns.		
1 2 3	rganization is not a private founda Representation of church A school described in section A hospital or a cooperative hose	hes, or association 170(b)(1)(A)(ii). (spital service org	on of churches descri (Attach Schedule E.) janization described in	bed in se n section	ction 170 170(b)(1	0(b)(1)(A)(i).)(A)(iii).			
	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:								
	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)								
	 □ A community trust described in □ An organization that normally receipts from activities related support from gross investme acquired by the organization a 	receives: (1) mo d to its exempt int income and	re than 331/3% of its functions—subject to unrelated business t	support f certain (axable ir	exception acome (le	ns, and (2) no more ess section 511 tax	than 331/3% of its		
	 ☐ An organization organized and ☐ An organization organized and one or more publicly supported the box in lines 11a through 11a 	operated exclusi d organizations d	vely for the benefit of, escribed in section 50	to perforr 9(a)(1) or	n the fun section	ctions of, or to carry 509(a)(2). See secti	on 509(a)(3). Check		
а	☐ Type I. A supporting organization(sorganization. You must com	ation operated, s	supervised, or control gularly appoint or ele	ed by its	supporte	ed organization(s), ty	pically by giving		
b	☐ Type II. A supporting organization(s). You must co	e supporting org	janization vested in th						
С	☐ Type III functionally integrated its supported organization(s)						/ integrated with,		
d	☐ Type III non-functionally in that is not functionally integr requirement (see instructions	ated. The organi s). You must co i	zation generally must mplete Part IV, Section	satisfy a ons A an	dıstrıbuti d D, and	on requirement and Part V .	an attentiveness		
е	Check this box if the organiz functionally integrated, or Ty						I, Type III		
f g	Enter the number of supported or Provide the following information	•							
	(i) Name of supported organization in the supported organization in the supported organization is supported organization.	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	listed in you docur	ir governing	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
				Yes	No				
(A) 	• • •								
(B)	- 1 1 -								
(C)									
(D)	<u> </u>								
(E)	·. (The Manager of Manager of the Control of the Contro	in the second of the second of the	danibe Edwin				
Total	•	E SY							

18

Page 2 Schedule A (Form 990 or 990-EZ) 2014 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2010 (c) 2012 (d) 2013 (e) 2014 (f) Total **(b)** 2011 Gifts, grants, contributions, membership fees received. (Do not include any "unusual grants.") . . . 942,200. 1,147,643. 1,153,383. 1,110,050. 1,242,188. 5,595,464. revenues levied for the organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities furnished by a governmental unit to the organization without charge 5,595,464. Total. Add lines 1 through 3 1,153,383. 1,110,050. 1,242,188. 942,200. 1,147,643. 5 The portion of total contributions by each person (other than governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 5,595,464. Public support. Subtract line 5 from line 4. Section B. Total Support **(b)** 2011 Calendar year (or fiscal year beginning in) ▶ (a) 2010 (c) 2012 (d) 2013 (e) 2014 (f) Total 1,153,383. 1,110,050. 1,242,188. 942,200. 1,147,643. 5,595,464. Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 4,706 1,966. 2,414. 811 10,793. Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 5,606,257. 11 **Total support.** Add lines 7 through 10 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) 14 99.81 % 14 Public support percentage from 2013 Schedule A, Part II, line 14 15 331/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this \checkmark 331/a% support test-2013. If the organization did not check a box on line 13 or 16a, and line 15 is 331/a% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test-2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line

15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly Private foundation: If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

-

Part III

Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below, please complete Part II.)

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- C Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one cr more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Schedu	ile A (Form 990 or 990-EZ) 2014		F	age 5
Part	IV Supporting Organizations (continued)			
	the the second state to a second sold an extension from any of the following newscape?		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		1	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	ion B. Type I Supporting Organizations	1 1		
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	.	i	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
	·	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.			
Coati	ion C. Type II Supporting Organizations	2		
Secti	ion c. Type if Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed		į	
	the supported organization(s).	1		
Secti	ion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
_		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2	i	
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
3	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	ion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instruc	tion	s):
а	The organization satisfied the Activities Test. Complete line 2 below.			-,-
b	☐ The organization satisfied the Activities rest. Complete line 2 below.			
c	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructi	ions).
	7 1	-		
2	Activities Test. Answer (a) and (b) below.		T es	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b				
-	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а				
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b				
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		1

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V	an	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	tru	st on Nov. 20, 1970. See in	structions. All
other Type III non-functionally integrated supporting organizations must con	<u>mpl</u>	ete Sections A through E.	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3,	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):	2	经本种 本产生,不会和此种	TO THE RESIDENCE OF
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other		THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN	THEM
factors (explain in detail,in Part VI):		美国的企业的	不是我们的
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)		化物理区部的	
2 Enter 85% of line 1			
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4	THE REAL PROPERTY.	
5 Income tax imposed in prior year	5	CANDELL CONTRACTOR	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional			g organization (see
instructions).			·

Part		B) Supporting Organi	zations (continued)	
Secti	on D - Distributions			Current Year
1_	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted	
	organizations, in excess of income from activity			
3_	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nızations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6_	Other distributions (describe in Part VI). See instructions.			
	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	h the organization is res	ponsive	
	(provide details in Part VI). See instructions.	<u>.</u>		
9	Distributable amount for 2014 from Section C, line 6		· · · · · · · · · · · · · · · · · · ·	
10	Line 8 amount divided by Line 9 amount		(::)	/:::\
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions	(iii) Distributable
	<u> </u>		Pre-2014	Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
<u>a</u>			· · · · · · · · · · · · · · · · · · ·	
<u> b </u>				
<u>_</u>				
<u>d</u>	From 2012			
<u>е</u> f	From 2013			
	Applied to underdistributions of prior years		. ,	
<u>g</u> h	Applied to diderdistributable amount			
'' -	Carryover from 2009 not applied (see instructions)			
- -	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section			
4	D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			•
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount	İ		
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	ļ			
<u>b</u>	<u> </u>			
	5 form 0010 1			
d	Excess from 2013 :			
е	Excess from 2014 :	<u> </u>		A (Form 990 or 990-FZ) 2014

Part VI	Page Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions.)
	Part III, line 12. Also complete this part for any additional information. (See instructions.)
	······································
	,
	<u> </u>
	(¹)
	· · · · · · · · · · · · · · · · · · ·
•	.*
	
	
	·

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is described below.
 ► Attach to Form 990 or Form 990-EZ.
 ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B
- · Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

	ection 501(c)(4), (5), or (6) orga	anızatıons: Complete Part III.			
Name (of organization			Employer idei	ntification number
	HUMANITIES COUNCIL		504/	<u> </u>	87-0307076
Part		e organization is exempt und			organization.
1	•	the organization's direct and indire	•		
2	•				
3	Volunteer hours				
Part	I-B Complete if the	e organization is exempt und	er section 501(c)(3).	
1	Enter the amount of any	excise tax incurred by the organiza	ation under section	n 4955 ▶ §	3
2	Enter the amount of any	excise tax incurred by organization	n managers under	section 4955 ▶ \$	
3	If the organization incurre	ed a section 4955 tax, did it file For	rm 4720 for this ye	ear?	Yes No
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part				
Part		e organization is exempt und			(c)(3).
1		ly expended by the filing organiz			
_				•	
2		filing organization's funds contrib			
_	•	vities)
3					<u> </u>
4		n file Form 1120-POL for this year			Yes No
-	• •	ses and employer identification nur			
5		ents. For each organization listed,			
		ontributions received that were pro-			
	as a separate segregated	fund or a political action committee	e (PAC). If additio	nal space is needed, prov	ride information in Part IV.
		(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(a) Name	(b) Address	(C) EIIV	filing organization's	contributions received and
				funds If none, enter -0-	promptly and directly delivered to a separate
					political organization if
					none, enter -0-
(1)		 			
(2)					
					
(3)					
(A)					
(4) 				<u> </u>	
(5)					
· - /					
(6)					1

n -		•
rao	е	~

Pa	Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).								
A		Check ► ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).							
В	Check ► ☐ if the filing organization chec			trol" provisions a	pply				
	Limits on Lobbyi (The term "expenditures" mea)	(a) Filing organization's totals	(b) Affiliated group totals					
_	la Total lobbying expenditures to influence p	ublic opinior	n (grass roots lobby	/ing)					
	c Total lobbying expenditures (add lines 1a	and 1b) .							
	d Other exempt purpose expenditures								
	e Total exempt purpose expenditures (add li	nes 1c and	1d)						
	f Lobbying nontaxable amount. Enter th columns.	e amount	from the following	g table in both					
	If the amount on line 1e, column (a) or (b) is:	t is:							
	Not over \$500,000	20% of the a	mount on line 1e.						
	Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000.								
	Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000.								
	Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000.								
	Over \$17,000,000								
	g Grassroots nontaxable amount (enter 25% of line 1f)								
	h Subtract line 1g from line 1a. If zero or less								
	i Subtract line 1f from line 1c. If zero or less				<u> </u>				
	j If there is an amount other than zero o					☐ Yes ☐ No			
	reporting section 4911 tax for this year?		· · · · · ·		<u>· · · · · · </u>				
	(Some organizations that made a secti See the s	on 501(h) e eparate ins	tructions for lines	e to complete all 2a through 2f.)	of the five column	s below.			
	Lobbying E	xpenditure	s During 4-Year A	veraging Period		 			
	Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total			
2	2a Lobbying nontaxable amount								
	b Lobbying ceiling amount (150% of line 2a, column (e))								
	c Total lobbying expenditures								
	d Grassroots nontaxable amount								
	e Grassroots ceiling amount (150% of line 2d, column (e))								
	f Grassroots lobbying expenditures								

Part	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	Form	5768	_	
Eor e	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed	(;	a)		(b)	
	iption of the lobbying activity.	Yes	No	Άr	noun	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
С	Media advertisements?	<u> </u>				
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?	<u> </u>				
f	Grants to other organizations for lobbying purposes?	<u> </u>				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	<u> </u>				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	<u> </u>				
į.	Other activities?	✓				5,6 <u>5</u> 7
j	Total. Add lines 1c through 1i					5,657
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	<u> </u>	✓			
b	If "Yes," enter the amount of any tax incurred under section 4912		 			
c d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		 			
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	;)(5), (or se	ction		
	501(c)(6).					Т
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		├—
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		<u>L</u>
Part	III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," (answered "Yes."				line	3, is
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid).	s of				
а	Current year		2a			
b	Carryover from last year		2b			
С	Total		2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb					
	and political expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (see instructions)	· · ·	5			
Par						
	le the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated gr instructions); and Part II-B, line 1. Also, complete this part for any additional information.	oup lis	t); Par	t II-A, II	nes 1	1 and
PART	II-B, LINE 1, LOBBYING ACTIVITIES:					
UTAH	HUMANITIES PAID ANNUAL DUES TO THE FEDERATION OF STATE HUMANITIES COUNCILS AND PAID	TO S	UPPOI	RT	-	
THE R	ENEWAL OF A COUNTY-WIDE TAX TO SUPPORT CULTURAL AND RECREATIONAL ACTIVITIES. THESI	EXPE	NSES	ALSO I	NCLL	JDE
TRAV	EL TO WASHINGTON DC TO VISIT WITH CONGRESSIONAL OFFICES.		<u>-</u> .			

	m 990 or 990-EZ) 2014	Page 4
Part IV	Supplemental Information (continued)	
		

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

OMB No 1545-0047

Open to Public Inspection

Schedule D (Form 990) 2014

Cat No 52283D

Employer identification number

Department of the Treasury Internal Revenue Service ► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

UTAH HUMANITIES COUNCIL Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds Aggregate value of contributions to (during year) 2 3 Aggregate value of grants from (during year) . 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised ☐ Yes ☐ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No Conservation Easements. Part II Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). ☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of a historically important land area Preservation of a certified historic structure ☐ Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. 2a 2b 2c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 R Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Assets included in Form 990, Part X .

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

7

Part									
3	Using the organization's acquisition, collection items (check all that apply):		her records, chec	k any of th	e follov	ving that are a	signific	ant us	e of its
а	☐ Public exhibition		d 🗌 Loan	or exchang	je progi	rams			
b	☐ Scholarly research		e 🗌 Othe	r					
c	☐ Preservation for future generations	3							
4	Provide a description of the organization of t	tion's collections a	and explain how t	hey further	the org	anization's exe	mpt pu	ırpose	ın Part
5	During the year, did the organization								
	assets to be sold to raise funds rather	than to be mainta	ined as part of th	e organizat	on's co	llection?		Yes	□ No
Part								_	
	Complete if the organization	answered "Yes"	' to Form 990, F	Part IV, line	9, or r	eported an ar	nount	on Fo	rm
	990, Part X, line 21.								
1a	Is the organization an agent, trustee included on Form 990, Part X?							Yes	□ No
b	If "Yes," explain the arrangement in P.	art XIII and comple	ete the following t	able:					
	t					/	/moun	t	
С	Beginning balance :				1c	:			
d	Additions during the year				1d				
е	Distributions during the year				1e				
f	Ending balance				1f				
2a	Did the organization include an amount								☐ No
	If "Yes," explain the arrangement in P	art XIII. Check here	e if the explanatio	n has been	provide	ed in Part XIII .		<u>: </u>	
Par									
	Complete if the organization								
	1,	(a) Current year	(b) Pnor year	(c) Two yea	rs back	(d) Three years ba	ck (e)	Four yea	ars back
1a	Beginning of year balance	207,009.	207,009.	2	07,009.	207,00	9.	2	207,009.
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
e	Other expenditures for facilities and								
	programs								
f	Administrative expenses			<u> </u>					
g	End of year balance	207,009.	207,009.		07,009.	207,00	9.	2	207,009.
2	Provide the estimated percentage of t			g, column (a	a)) held a	as:			
а	Board designated or quasi-endowme	nt ▶	%						
b		100%							
С	Temporarily restricted endowment ▶	%							
	The percentages in lines 2a, 2b, and 2						_		
За	Are there endowment funds not in th	e possession of th	ie organization th	at are held	and ad	ministered for t	he		1
	organization by:						-	Ye	-
	(i) unrelated organizations							a(i)	1
	(ii) related organizations				• •			a(ii)	
b	If "Yes" to 3a(ii), are the related organ						. <u>[</u> 3	3b	Ш_
4	Describe in Part XIII the intended use		on's endowment i	unas.					
Part			"	5 + 10 / 1	- 44 - 4	D F 000	Daret	V 1:	. 10
	Complete if the organization								-
	Description of property	(a) Cost or ot (investm		or other basis other)		Accumulated epreciation	(a)	Book va	alue
1a	Land				春頭為	福型运动器			
b	Buildings								
С	Leasehold improvements								
d	Equipment			26,274.		24,050.			2,224.
<u>e</u>	Other	<u>· </u>			<u> </u>				
Total.	Add lines 1a through 1e. (Column (d) r	must equal Form 9	90, Part X, colum	n (B), line 1	0c.)				2,224.

Part VII	Investments — Other Securities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.					
	(a) Description of security or category		T	Book value		thod of valuation
	(including name of security)		(5) (JOOK Value		i-of-year market value
(1) Financial	derivatives					
(2) Closely-h	eld equity interests					
	CURITIES AND OTHER INVESTMENTS		<u> </u>	207,009.	COST	
(A)			ļ			
(B)			<u> </u>			
(C)			<u>↓</u>			
(D)			<u> </u>			
(E)			ļ		 	
(F)			ļ			
(G)						 .—————————————————————————————————
(H)			ļ			
	b) must equal Form 990, Part X, col. (B) line 12.)	· · · · · · · · · · · · · · · · · · ·		207,009.		
Part VIII	Investments—Program Related		000	5-10/1	44 - 0 - 5	000 D-4V B 40
	Complete if the organization ansi	wered "Yes" to For	T			
	(a) Description of investment		(b)	Book value		thod of valuation d-of-year market value
			 			
_(1)	<u> </u>		1		 	
(2)			 			
(3)			 		-	
_(4)			-			
_(5)			-			
_(6)			 			
_(7)			-			
(8)			 			
(9)	15 000 D 17 1 (0) D		<u> </u>			
	b) must equal Form 990, Part X, col. (B) line 13.)		<u> </u>			
Part IX	Other Assets.		000	D	44 : 0	000 D-+ V I 45
	Complete if the organization ansi		m 990,	Part IV, line	e 11a. See Form	
	(a) Description				(b) Book value
_(1)						
(2)						
(3)		<u> </u>				
_(4)		 				
_(5)						
(6)						
_(7)						
_(8)			-			
(9)		. (B) II . (B)				
	mn (b) must equal Form 990, Part X, co	ol. (B) line 15.)	<u>· · · · </u>	· · · · ·	<u> ▶</u>	
Part X	Other Liabilities.					5 000 D 1V
	Complete if the organization ans	rm 990,	Part IV, line	e 11e or 11f. Se	e Form 990, Part X,	
	line 25.					
1.	(a) Description of liability	(b) Book value				
(1) Federal in	ncome taxes					
(2)						
(3)						
(4) (5)		·				
(5)						
(6)	-					
(7)						
(8)						
(9)						
	b) must equal Form 990, Part X, col. (B) line 25) ▶					
2. Liability fo	r uncertain tax positions. In Part XIII, provi	de the text of the foot	note to th	ne organization	n's financial statem	ents that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part				Return.	
	Complete if the organization answered "Yes" to Form 990, I				
1	Total revenue, gains, and other support per audited financial statements			1	1,056,840.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	(1,442.)		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants		0.		
d	Other (Describe in Part XIII.)		201,522.		
е	Add lines 2a through 2d			2e	200,080.
3	Subtract line 2e from line 1			3	856,760.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	291,779.		
	Add lines 4a and 4b			4c	291,779.
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	1,148,539.
Part	XII Reconciliation of Expenses per Audited Financial Staten			er Return	•
	Complete if the organization answered "Yes" to Form 990, I				
1	Total expenses and losses per audited financial statements			1	968,729.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1	ì		
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
C	Other losses				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1	i .		3	968,729.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	١,			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)			40	_
	Add lines 4a and 4b ¹			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, Iir	10.)	 	5	968,729.
	XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 1.	d 4. D	art IV lines 1b and 2b	v Dort V Iv	no 1: Part Y line
2. Dod	ie the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to pro	art IV, IIIIes ID and 21. wide any additional in	ı, rait v, iii ıformation	116 4, Fait A, 11116
		to pic	wide any additional in	normanon.	
PART	XI, LINE 2d - OTHER				·
	·			4004	500
RESTR	RICTIONS SATISFIED BY PAYMENT			\$201	,522.
REPRE	SENTS NET ASSETS RELEASED FROM RESTRICTIONS.				
	,				
	· ·				
DAGE	i,				
PARI.	XI, LINE 4b - OTHER				
TEMP	DRADU V DECEDICATED CONTRIBUTIONS			626	91,779.
TEMPO	DRARILY RESTRICTED CONTRIBUTIONS				91,779.
05001	CONTRACTOR DO A DILLY DECEDIATED CONTRIBUTIONS				
REPRI	ESENTS TEMPORARILY RESTRICTED CONTRIBUTIONS.				
	1				
	4,1				
	,				
	•				
	(
	•				

Page 5	990) 2014	Schedule D (Forr
<u> </u>	Supplemental Information (continued)	Part XIII
	•	
	•	
		
	•	
		·
	,,	
		·
	1	
	·	
	,	

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No 1545-0047 20**14**

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

UTAH HUMANITIES COUNCIL 87-0307076 FORM 990, PART VI, SECTION B, LINE 11: THE UHC AUDIT AND INVESTMENT COMMITTEE HAS THE OPPORTUNITY TO REVIEW FORM 990 AND REPORTS TO THE FULL BOARD OF DIRECTORS ANY ITEMS THEY RECOMMEND FOR DISCUSSION. FORM 990, PART VI, SECTION B, LINE 12C: UH REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY. BOARD MEMBERS SIGN A PLEDGE TO ABIDE BY THE POLICY, AND CONFLICTS ARE IDENTIFIED PRIOR TO EVERY GRANT REVIEW SESSION AND ANY INVESTMENT DECISIONS. FORM 990, PART VI, SECTION B, LINE 15A: THE EXECUTIVE DIRECTOR RECOMMENDS STAFF COMPENSATION AMOUNTS TO THE EXECUTIVE COMMITTEE ANNUALLY, AND PROVIDES COMPARABILITY DATA ANNUALLY FROM THEIR NATIONAL MEMEBERSHIP ASSOCIATION AND, AS AVAILABLE, FROM THE UTAH NONPROFITS ASSOCIATION. THE EXECUTIVE COMMITTEE'S DECISIONS ARE SUMMARIZED IN MEETING MINUTES. FORM 990, PART VI, SECTION C, LINE 19: DOCUMENTS AVAILABLE ON WWW.UTAHHUMANITIES.ORG FORM 990, PART 1, LINE 5: 35 THE ORGANIZATION HAS A REGULAR STAFF OF 9 INDIVIDUALS; HOWEVER, W-2s ARE PROVIDED TO ADDITIONAL INDIVIDUALS WHO WORK ON TEMPORARY BASIS AS NEEDED TO SUPPORT THE ACTIVITIES AND PROGRAMS OF THE ORGANIZATION.

Schedule O (Form 990 or 990-EZ) (2	(014)	Page 2
Name of the organization		Employer identification number
	·	
······································		
	<u>`</u>	